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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>4081</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u>			
b. CITY OR TOWN <u>BOSWORTH MO</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>BOSWORTH</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29 1952</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ZANEA</u>		b. (Middle) <u>McCoy</u>		c. (Last) <u>MAUDLIN</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 25-1877</u>	9. AGE (In years last birthday) <u>77</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>CARROLL MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>WILLIAM NEWSOM</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH RHINES</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES MAUDLIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES MAUDLIN</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>					
		ANTECEDENT CAUSES DUE TO (b) _____					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-25</u> , 19 <u>52</u> , to <u>1-29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-29</u> , 19 <u>52</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Ernest L. Smith</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>1071-9th St. Carrollton, Mo</u>		23c. DATE SIGNED <u>2-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 31. 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WHARTON</u>		24d. LOCATION (City, town, or county) (State) <u>BOSWORTH MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 5-1952</u>		REGISTRAR'S SIGNATURE <u>Pearl Koch</u> <u>470</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>LEIPARD & EDWARDS, Bosworth</u> ADDRESS _____			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *David J. Edwards*

Licensed Embalmer No. *3265*

P. O. Address *Bosworth Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.